

**TOWN OF GLASTONBURY
CODE OF ETHICS
Ethics Training DVD**

I HEREBY ACKNOWLEDGE that I have received and viewed the Ethics Training DVD for
Boards and Commissions.

Please complete this section and return along with the DVD to the Staff Liaison:

Name: _____ <small>(Please Print Name)</small>	Phone Number: _____
Elected or Appointed Board or Commission _____	e-mail address (optional): _____
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